Rural Health Clinics

Presented by: Erin Johnson

Jan-21



Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources



Bi-Monthly Rural Health Clinic Meeting

Today's Meeting: 12:30 - 1:30 P.M.

Next Meeting: March 4, 2020 12:30 - 1:30 P.M.

Webinar Link: https://cohcpf.adobeconnect.com/rural

Conference Line: 1-877-820-7831 Passcode 294442#



Agenda

- Telemedicine
- Rates Topics



Telemedicine

Telemedicine now qualifies as a billable encounter for all RHCs.

If a service is provided via telephone, live chat, or interactive audiovisual modality, please bill the service with a 521 revenue code and a GT modifier.

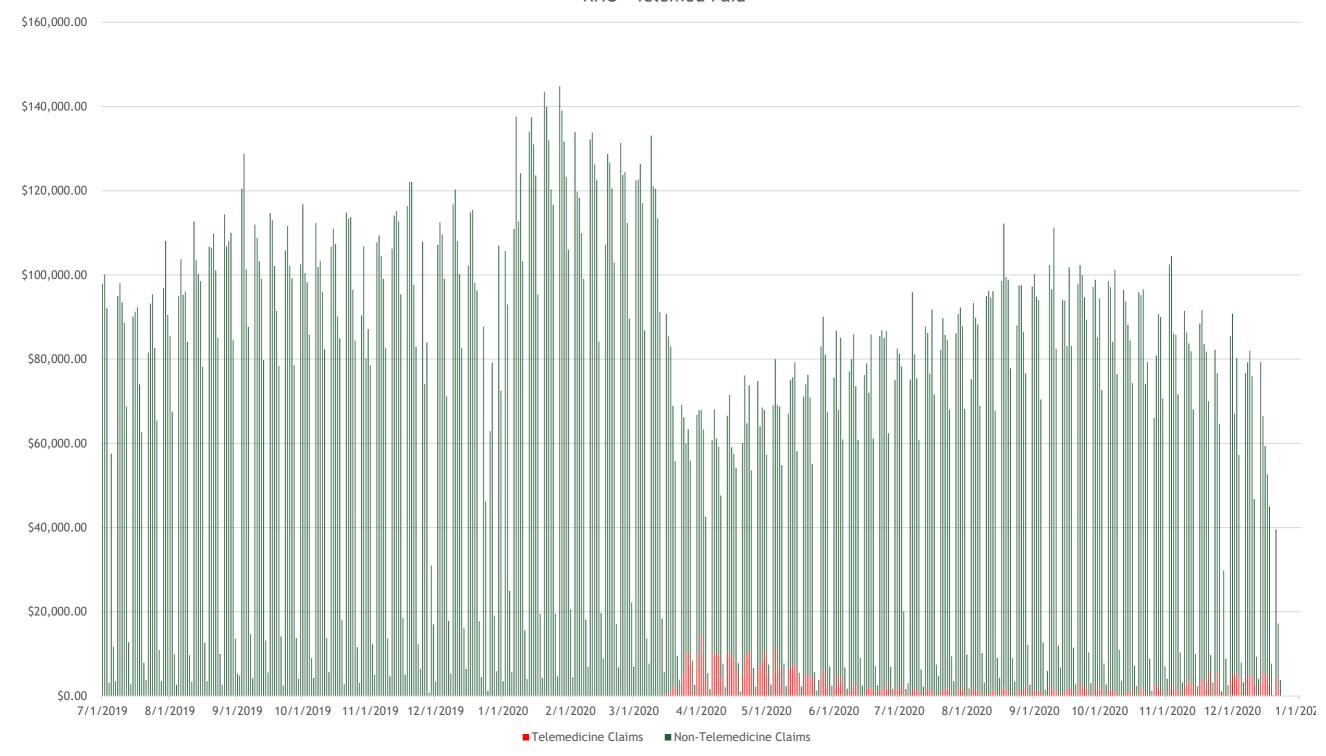
The claim will pay at the regular RHC encounter rate.

For more information, please visit

https://www.colorado.gov/hcpf/provider-telemedicine



RHC - Telemed Paid



Rates Updates

- Planned Go-Live date: January 1, 2022
- Updates needed:
 - PPS Change in Scope
 - PPS rate setting for new RHCs
 - APM rate setting
 - Managed Care Accuracy Audit

PPS Change in Scope Process

The Department needs to establish a change in scope PPS rate adjustment process for RHCs

Options:

- Use same methodology used with FQHCs *
- Create new methodology



^{*} Current Department plan

FQHC Change in Scope Process

- FQHCs submit applications outlining their change in scope of service
- A change in the scope of services must be an addition or deletion of a service or a change to the type, intensity, or duration of services
- The PPS rates are adjusted using recent cost and visit data from the FQHC cost report
- The updated PPS rates must be 3% different from the current rate

Change in Scope Calculation

Previous PPS Rate	\$100.00		
Previous Cost Per Visit	\$200.00		
Current Cost Per Visit	\$300.00		
MEI	1.9%		
New PPS Rate	\$165.59		

Change in Scope Work Needed

Decisions:

 Will RHCs use the same change in scope process as the FQHCs?

Work:

- Create application form
- Training for RHCs

PPS Rate Setting for New RHCs

The Department needs to formalize a process for setting PPS rates for new RHCs

Options for Both Freestanding and Hospital-Based RHCs

- Set PPS rates based on our current policy *
- Others ideas?



^{*} Current Department Plan

Current PPS Rate Setting

Freestanding RHCs

PPS rates for new Freestanding RHCs are set at an average of other Freestanding RHC PPS rates in the new RHC's RAE

Hospital-Based RHCs

PPS rates for new Hospital-Based RHCs are set once a full year of audited cost report information is available.

New RHC PPS Work Needed

Decisions:

Do we want to change PPS rate setting for new RHCs?

Work:

 Model how new PPS rates would look under different methodologies

APM Rate Setting -Freestanding RHCs

The Department needs to formalize APM rate setting processes for Freestanding RHCs

Options

- Use current process APM rates are set based on the current Medicare UPL rates (Current UPL \$87.52)
- Create new process where APM rates are set and updated based on Medicare cost reports *
- Other options?



UPL Update

• Effective March 31, 2021 the Medicare UPL will increase to \$100.00 per visit

Date Effective	UPL Rate
3/31/2021	\$100.00
1/1/2022	\$113.00
1/1/2023	\$126.00
1/1/2024	\$139.00
1/1/2025	\$152.00
1/1/2026	\$165.00
1/1/2027	\$179.00
1/1/2028	\$190.00



Questions for Freestanding RHCs

- What is the timeline for cost report submission?
- When are cost reports finalized?
- Is the current APM rate methodology sufficient?

APM Rate Setting - Hospital-Based RHCs

The Department needs to formalize APM rate setting processes for Hospital-Based RHCs

Options

- Use current process APM rates are set based on the finalized Medicare cost reports and reconciled *
- Create a new process where APM rates are set based on finalized Medicare cost reports without reconciliation
- Others ideas?



What is the 2021 Rate?

Year	PPS Rate	Finalized Cost Per Visit
2017	\$100.00	\$201.00
2018	\$101.40	\$179.00
2019	\$102.82	
2020	\$104.36	
2021	\$106.34	

\$179.00

Questions for Hospital-Based RHCs

- Do you have any issues with the current reconciliation process?
- Is the current APM rate methodology sufficient?

Interim Rate Setting - New Hospital-Based RHCs

The Department needs to formalize the interim rate setting process for new Hospital-Based RHCs

Options

- Use current process interim rates are set based on sister clinic rates or Medicare interim rates. Cost report rates are not used until the first cost report is finalized
- Create a new process where interim rates are updated more frequently with more updated cost data

APM Work Needed

Decisions:

 Do we want to make any changes to the current APM rate setting methodologies?

Work:

Model how APM rates would look under different APM methodologies

Managed Care Accuracy Audit

The Department needs to establish a Managed Care Accuracy Audit (MCAA) process to ensure RHCs are reimbursed at least their per visit encounter rate by MCEs

The Department strongly prefers to use the FQHC MCAA process to ensure consistency and avoid confusion

FQHC Managed Care Accuracy Audit Process

- FQHCs and MCEs submit quarterly data comparing the number of encounters to the total paid amount by the MCE.
- If these numbers do not match, the FQHC and MCE reconcile this data.
- If the FQHC has been underpaid, the Department sends a letter to the MCE with the amount due.
- The MCE makes the payment to the FQHC.

	COLORADO
	Department of Health Care Policy & Financing

FQHC Name:	
FQHC Number(s):	
Months under	
Review:	
Year under	
Review:	

Federally Qualified Health Center Managed Care Accuracy Audit Report

FQHC Data Section

A.	B.	C.	D.	E.	F.	G.
			(B*C)			
	Number	Medicaid	Total Payments	Payments Payments	Other	(D-E-F)
Name, Medicaid ID of	of Valid	Encounter	FQHC Should	Received	Payments Payments	Amount
Managed Care Entity	Visits	Rate	Have Received	from MCE	Received	Due FQHC
1.			\$0.00			\$0.00
2.			\$0.00			\$0.00
3.			\$0.00			\$0.00
4.			\$0.00			\$0.00
5.			\$0.00			\$0.00
6.			\$0.00			\$0.00
7.			\$0.00			\$0.00
8.			\$0.00			\$0.00
9.			\$0.00			\$0.00
10.			\$0.00			\$0.00
TOTAL	-		\$0.00	\$0.00	\$0.00	



MCAAR Work Needed

Decisions:

 When do we go-live with the Managed Care Accuracy Audit Report process?

Work:

- Training for RHCs and MCEs
- Create and upload forms and attestation statements

Other Topics?

We want to hear from you!





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Thank You!

